

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>17040</u>	2. Fiscal Year Covered From <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Larry A. Bloomer</u>  P.O. Box, Bldg., Room No., if any  Street <u>2417 Livingston</u> City <u>Jefferson City</u> State <u>MO</u> ZIP Code + 4 <u>65109</u>	4. Name, file number, and address of labor organization Name <u>Laborers' Local Union #662</u> Labor Organization File Number <u>014-740</u>  P.O. Box, Building and Room Number, if any  Street <u>209 Flora Dr.</u> City <u>Jefferson City</u> State <u>MO</u> ZIP Code + 4 <u>65101</u>
5. Position in labor organization. <u>Business Manager / Secretary Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed <u>Larry Bloomer</u>	On <u>8-12-05</u>	<u>513-635-1441</u>
	Date	Telephone Number

Name of Person Filing <i>Larry A. Bloomer</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Laborers' AGC Training Fund</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>35 Opportunity Road</i></p> <p>City <i>High Hill</i></p> <p>State <i>MO</i> ZIP Code + 4 <i>63350</i></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name <i>Laborers' AGC Training Fund</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>35 Opportunity Road</i></p> <p>City <i>High Hill</i></p> <p>State <i>MO</i> ZIP Code + 4 <i>63350</i></p>	<p>11.a. Nature of such dealing.</p> <p><i>Apprenticeship Graduation Banquet</i></p> <p><i>\$33.59</i></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>



August 12, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue. NW  
Room N-5616  
Washington, D.C. 20210

Re: Form LM-30 Filing for Larry Bloomer, Labor Organization File No.014-740  
Please let this letter serve as addenda to and incorporated with my 2004 LM-30.

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed and recorded all the reportable transactions to the best of my recollection of all lawfully reported benefits that I received in 2004.

Sincerely,

Larry A. Bloomer  
Business Manager/  
Secretary-Treasurer  
Laborers' Local 662